

APR 23 2014 4 2 2

Ch# 443702  
\$ 500.00  
4-18-14  
RR

1. This is an application for (check one):

Original certificate (new company).

Approval of transfer of existing certificate: Example, a non-certificated company purchases an existing company and desires to retain the original certificate of authority rather than apply for a new certificate.

2. Name of company: Village of Wellington

3. Name under which applicant will do business (fictitious name, etc.):  
Lake Wellington Professional Centre

4. Official mailing address:

Street/Post Office Box: 12300 Forest Hill Blvd.  
City: Wellington  
State: Florida  
Zip: 33414

5. Florida address:

Street/Post Office Box: 12230 Forest Hill Blvd.  
City: Wellington  
State: Florida  
Zip: 33414

6. Structure of organization:

- |  |  |
|--|--|
| <input type="checkbox"/> Individual                        | <input type="checkbox"/> Corporation         |
| <input type="checkbox"/> Foreign Corporation               | <input type="checkbox"/> Foreign Partnership |
| <input type="checkbox"/> General Partnership               | <input type="checkbox"/> Limited Partnership |
| <input checked="" type="checkbox"/> Other, please specify: |  |

Local Government / Municipality

RECEIVED-FPSC  
14 APR 23 AM 9:27  
COMMISSION  
CLERK